

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: SPRAGUE OPERATING RESOURCES LLC

ADDRESS: 185 International Drive
Portsmouth, NH 03801

FACILITY: SPRAGUE OPERATING RESOURCES LLC - NEW BEDFORD

LOCATION: 30 PINE STREET
NEW BEDFORD, MA 02740

MAR053446	001-IW
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/03/2015	09/30/2016

DMR Mailing ZIP CODE: 02740
MINOR

Impaired Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2	mg/L		Annual	Grab
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eric Smith		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(401)421-4690	11/27/201
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NEW BEDFORD, MA 02740

MAR053446	001-IW
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	09/30/2017

DMR Mailing ZIP CODE: 02740
MINOR

Impaired Water
External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.2	mg/L		Annual	Grab
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)994-0899	1/22/201
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

New Bedford facility is only required to test for Total Nitrogen. PCBs' and Oil & Grease are Exempt.

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NEW BEDFORD, MA 02740

MAR053446	001-IW
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	09/30/2018

DMR Mailing ZIP CODE: 02740
MINOR

Impaired Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.78	mg/L		Annual	Grab
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(508)994-0899	0/17/2018
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See Attached Analysis for Annual Stormwater Sampling. Tested Total Nitrogen (TKN) as per Permit requirements.

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10/01/2018	09/30/2019

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Annual	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.9	mg/L		Annual	Grab
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Annual	Grab
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Annual	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.5	mg/L		Annual	Grab
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Annual	Grab
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

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